

STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1 / 3

1. Name and Address of Committee

LA REPUBLICAN PARTY OF, CADD0 PARISH
1941-C E 70TH ST

SHREVEPORT

LA 71105

2. Date of this Statement

01/28/2016

3. Estimated Membership

50

4. Amended Statement?

___ Yes ☒ No

Check if new committee ___

PAC
S/O
5/2

#892 770
#1325

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

Position Name Address

Chairperson

Treasurer

Please see attached sheets.

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administrators or financially supports this committee.)

Name Address Relationship to Committee

Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name Address

Please see attached sheets.

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:

a. Check one: ___ Principal Campaign Committee ___ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

10. WE HEREBY CERTIFY that the information contained in this **STATEMENT OF ORGANIZATION** is true and correct to the best of our knowledge, information and belief.

Dated 01/28/2016

Louis Avallone
Signature of Committee Chairperson

318-841-1277
Daytime Telephone Number

Micheal Collins
Signature of Committe Treasurer, if any

318-207-0405
Daytime Telephone Number

LOUISIANA
ELECTIONS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED
MAY -2 AM 9:23

Affiliated Persons / Organizations

3 / 3

Name and Address of Chair PersonLouis R Avallone
PO Box 5072

Shreveport

LA 71135

Chairperson:

Candidate Information**Office Sought (Include title of office as well as parish, city, town and/or election district)**

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm: Chairman

Name and Address of TreasurerMicheal Collins
5721 Jefferson Paige Rd

Shreveport

LA 71119

Chairperson:

Candidate Information**Office Sought (Include title of office as well as parish, city, town and/or election district)**

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm: Treasurer

Name and Address of Financial InstitutionRegions Bank
2559 Bert Kouns Industrial LP

Shreveport

LA 71128-3118

Chairperson:

Candidate Information**Office Sought (Include title of office as well as parish, city, town and/or election district)**

Name of Political Party:

☐ SUPPORTED ☐ OPPOSED by the Committee

Daytime Telephone (Preparer):

Rel of Aff. Org. to Comm: